

Exhibit 3

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Steward's medical devices were repossessed. Weeks later, a new mother died.

By [Jessica Bartlett](#) Globe Staff, Updated January 25, 2024, 12:45 p.m.

Sungida Rashid gave birth at St. Elizabeth's Medical Center in October, and barely a day later she was bleeding to death.

The 39-year-old's heart had already stopped once. Medical teams revived her, but the clock was ticking. Doctors soon identified the problem: a bleed deep within her liver. In the operating room, caregivers had a plan to quickly treat it, but the staff there soon discovered something alarming — the embolism coil that doctors could have used to stop the bleeding wasn't available.


Weeks prior, the hospital's inventory of the devices had been repossessed, according to hospital staff. A company rep from the manufacturer, Penumbra, explained to staff that Steward Health Care, the parent company for St. Elizabeth's, hadn't paid the bill.

Some of the staff members at the Brighton hospital had feared this would happen, raised the alarm with executives, discussed it among themselves. But the warnings hadn't reached all staff. Now, as the emergency unfolded before them, they did not have the coils.




St. Elizabeth's Medical Center in Brighton. SUZANNE KREITER/GLOBE STAFF

According to court records, similar invoices had been going unpaid for more than a year throughout the nine-hospital Steward system in Massachusetts — from elevator repair companies to staffing agencies that employ front-line workers. Two hospital executives told the Globe that Steward doctors had begun asking other hospitals for permission to do their work elsewhere.



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Steward Health Care’s sprawling operation covers 16,000 health care workers and 200,000 patients each year across the eastern part of the state, in mostly low-income neighborhoods from the New Hampshire border to the South Coast. The

Globe reported this month that Steward's financial challenges have grown so acute that [hospital executives and state officials are now working hurriedly](#) to stave off a round of possible closures that could trigger a public health emergency.

As the financial challenges mount, some patients say they have struggled to access care, with doctors blaming the system's financial problems as the cause.

In a statement, Steward said it does its best to keep the supplies on hand that it needs to serve patients.

"Understanding that the demand for supplies and staff can fluctuate at any given moment due to changing and unpredictable volumes of patients, Steward is confident we have adequate supplies for our physicians, providers, and health care professionals to continue providing high-quality care to our patients," the health system said in a statement.

Steward's hospitals, it says, "have for several years now been consistently recognized among the best in the nation and state by the likes of highly credible ratings organizations for providing excellent life-saving surgical and critical care."

The health system did not respond to questions about how its financial troubles are affecting patients. Steward also declined to comment on Rashid's case, which the Globe reconstructed from accounts provided by her husband and multiple medical professionals with knowledge of the situation.

On that dire day in October, as Rashid's condition worsened, her husband sat in the recovery room, waiting for updates.

He couldn't help but worry.

By the time Rashid and her husband, Nabil Haque, moved from Thailand to Boston on Aug. 30 for his new job in academia, she was only a few weeks away from giving birth. The Bangladeshi couple was thrilled to start their family.



Sungida Rashid, in front of her car, in Carbondale Ill., where she did her PhD work, NABIL HAQUE

Rashid's pregnancy was routine and uncomplicated, but still she ran into problems navigating American health care. At one Boston hospital, an OB-GYN said they didn't accept patients who were already beyond 28 weeks.

However, St. Elizabeth's was close to where the family was staying in Boston and accessible by train. More importantly, Rashid felt taken care of. Both of her parents had died when she was young, and the couple was far from other family. The midwife seemed to the couple to feel a similar kinship and closeness, joking that she could be Rashid's grandmother.

People gravitated to Rashid. Hardship had shaped her to be funny and open, her husband said. Haque knew she was whip-smart, but finding humor in the midst of adversity — that took something else.

Haque recalled walking to the hospital on Sunday, Oct. 15, Rashid energetic and determined for a second induced delivery attempt in as many days.

Labor began slowly, eventually stretching through Monday into Tuesday. Haque grew anxious. Still, doctors said Rashid was healthy. They didn't want to operate if it wasn't necessary. Early Tuesday morning, finally, Rashid gave birth to a healthy baby girl.

The couple named the baby Otindria, a word in Bangladeshi meaning “extra senses.” Rashid had always joked that Haque’s senses were underdeveloped. He could have selective hearing. The kitchen could be aflame, and Haque wouldn’t smell the smoke. She will complete you, Rashid told her husband.

Haque remembers the staff’s attentiveness after the birth, the way they came in on the hour. Rashid was bleeding more than normal, and was taken to another room for a D&C, a procedure sometimes used after childbirth to help clear the uterus.



Nabil and Sungida with their newborn daughter, Otindria, the morning of her birth. NABIL HAQUE

After a few hours of sleep, the family woke up and announced their news to the world. Relatives near and far marveled over a video call at the couple’s new miracle. Haque took a photo of Rashid and the baby, and then of the three of them. Rashid’s smile was wide as she held up her tiny bundle, Otindria’s dark hair and plump cheeks peeking out from hospital blankets.

Rashid revealed to her nurse in the early evening that she was in some pain. Staff made a plan — medication and ice packs and heating pads. But that didn’t help. An hour later, Rashid was unable to sit still, then was wildly nauseous.

A staff member who had been present for the birth earlier that morning came in. But the lively, tenacious woman from hours earlier looked different, her eyes moved slowly across the room. It was a warning sign, triggering alarm and action

from the staff. Something was very wrong.

As Rashid and Haque were making sense of the region's health care system in advance of their daughter's birth, Steward was facing a crisis.

Workers across the care team, from respiratory therapists and dietary staff to patient transport professionals and pharmacy technicians, had "consistently raised concerns over the precarious position management has placed both patients and caregivers," according to a memo sent this month by 1199SEIU United Healthcare Workers East to its 5,000 members working at Steward's nine Massachusetts facilities.

The Jan. 12 email, from union vice president Cari Medina, predicted that the coming weeks and months would be difficult.

"It is long overdue for Steward to address its mounting financial issues and the impact it has on workers and patients," Medina wrote in the email.

A string of legal disputes, first reported by the Globe, tells a similar story. In January 2023, dialysis provider Fresenius Management Services told Steward it would stop providing services to several Massachusetts hospitals owned by Steward after the health system had failed to pay the company, according to court documents.

Penumbra, the company that according to staff at the hospital supplied the embolism coils at St. Elizabeth's, sued Steward and several of its executives in a Texas court in late October alleging millions in nonpayment.

Steward also declined to respond to questions about how it managed dialysis services or embolization devices after the vendors departed.

Sten Willander, a nurse anesthetist who has worked as a contractor in Steward hospitals in Massachusetts for years, said he would be giving anesthesia to patients, and certain supplies wouldn't be on hand, as Steward hadn't paid the vendor.

While he didn't see shortages that he believed endangered patients, such issues were unique to his experience at Steward — and they made his work more difficult.

"It adds a layer of complexity to my job I wouldn't experience at another facility," he said. "I work at Beth Israel, Cambridge Health Alliance. No one does this."

Willander said he stopped working at Steward in March 2023, after he had worked since January without pay. Ultimately Steward paid him a portion of what he was owed in late March, Willander said.

Steward did not respond to allegations that it had not paid contract employees promptly.

Meanwhile, the chief executive of a large vendor that delivers services critical to multiple Steward hospitals said the vendor is currently owed just shy of a million dollars by Steward.

That executive, who requested anonymity due to the ongoing billing dispute, said the company would be inclined to stop working with Steward if not for its concern over public health.

“The only reason we’ve continued [services], though they owe us, is because if we stop, there’s no one who can pick up the pieces,” the executive for the company said. “It puts the state, the hospital in jeopardy. That’s why we’ve continued to do it.”



St. Elizabeth's Medical Center in Brighton. SUZANNE KREITER/GLOBE STAFF

What started as an inkling that something was wrong with Rashid soon turned into a crescendo. Haque said doctors took Rashid’s vital signs, then descended onto the room en masse.

According to Haque, the moments unfolded in snapshots as he and the baby were ushered to the nursery. Rashid was taken for a CT scan. The tests showed her abdomen was filled with blood. At some point, doctors told him her heart had stopped. Haque called a friend, who immediately left to come to the hospital.

In surgery, staff had identified her liver as the source of the blood. An embolism coil would be used to stop the bleeding, doctors told Haque.

Dr. Raymond Liu, an associate radiologist within the Division of Interventional Radiology at MGH, who was not involved in Rashid’s care, said embolism coils, metallic devices that help promote clotting, are sometimes used to stop

internal bleeding. Whether using a coil or another device, embolization can be a useful technique. It's precise and minimally invasive, sometimes reaching blood vessels that cannot be reached through surgery.

In a trauma situation, such treatment typically needs to happen quickly. Most situations of rapid internal bleeding are considered urgent, Liu said.

Not every kind of hospital has this kind of equipment. However St. Elizabeth's defines itself on its website as a Level IV maternal care center, "the highest designation available from the [American College of Obstetricians and Gynecologists](#)." According to that organization, basic interventional radiology, which includes the capacity for embolization, is a requirement for such a designation.

While there are many ways to deal with an internal bleed — and it's impossible to know whether any of them could have changed the course of Rashid's treatment — Haque said hospital workers told him the plan was to insert a coil to try to stop the bleeding in her liver.

Staff debated what to do next. They could get supplies from another hospital. There are several nearby. However embolism devices are not all the same, but specific to the equipment used to deploy them. What if their devices weren't compatible? The patient would be taken to Boston Medical Center instead.

Staff told Haque that Rashid would be transferred and said the baby would be fine in the nursery while he went to the other hospital. They brought Haque to the emergency department hallway. He watched his wife as she was loaded into the ambulance, wrapped in silvery heating blankets as if in a cocoon, surrounded by bags of blood.

It seemed an act of unending effort, that staff would stop at nothing to save his wife. He remembered thinking, they are doing everything they can do.

Rashid wasn't the only person to face consequences from Steward's financial stress.

Kelley Kassa, from Watertown, said multiple doctors who treated her at St. Elizabeth's have left over the past 18 months, including three orthopedic surgeons and an ear, nose, and throat specialist. She said she tried for six months to schedule a mammogram, before being told by her primary care doctor that the hospital didn't have enough staff to answer calls or return messages.

Ultimately, Kassa said, her primary care doctor told her he'd be leaving Steward, too.

"His concern was patient care," Kassa said.

Dr. Brian Patel, chief medical officer for Sturdy Memorial Hospital and its health system, said patients have come to the Attleboro hospital, which is not affiliated with Steward, from Brockton because they cannot get care at Steward's Good Samaritan Medical Center or the wait times are too long. Surgeons from Steward have also reached out to the hospital to get privileges to perform elective procedures at Sturdy.

According to another health executive, who requested anonymity to discuss sensitive details of hospital operations, other hospitals in Massachusetts have also received credentialing requests from Steward physicians.



St. Elizabeth's Medical Center in Brighton. SUZANNE KREITER/GLOBE STAFF

In its statement, Steward said it had a “steadfast commitment” to serving the most vulnerable populations across the state “who often have nowhere else to turn for help,” and it said its staff and providers were committed to delivering excellent patient care.

As an example, Steward said Good Samaritan had stepped up to accommodate a flood of patients in the aftermath of the closure of Brockton Hospital due to a fire in February 2023. Separately, Steward said it is the largest provider of in-patient behavioral health services in the state, a service line that often loses money.

“These accomplishments simply would not be possible if Steward were not making sustained, active investments in the necessary resources needed to ensure that our facilities can offer high-quality, compassionate care that’s been at the heart of our mission since 2010,” the system said.

State officials have been in talks with Steward for five months, partly related to concerns from employees at the hospital, according to a person with direct knowledge of ongoing conversations, who asked not to be named given the sensitivities of the discussions.

The person did not provide specifics, and state officials did not provide requested records by publication time. But according to the source, state officials have done investigations and required Steward to develop corrective action plans

to maintain quality of care in Massachusetts. Some investigations are ongoing.

When Haque arrived at BMC at midnight, he met with two ICU specialists to prepare him for the journey ahead. The surgery was major, they told him, and would take several hours.

But the bleeding was too much. In the operating room, doctors struggled to insert the coil, as Rashid's blood pressure had dropped too low and her veins had collapsed, doctors later informed Haque and his family.

Rashid's heart had stopped again. An hour after surgery began, doctors returned to Haque. Rashid was dead.

Staff at St. Elizabeth's seemed as upset by Rashid's death as the family was, Haque said. Haque sat with his newborn baby in the hospital the following week, hesitant to take her home in the midst of his grief and shock, and staff kept coming by to offer condolences. Haque's friend noted to him that as each nurse left the room from their visit, they were crying.



Nabil Haque made a bottle for his 21/2-month-old daughter, Otindria, held by his mother, Dr. Nilufar Begum. SUZANNE KREITER/GLOBE STAFF

Days later, doctors at St. Elizabeth's met with Haque, his parents, who are both physicians, and another family friend who is also a doctor. Haque said that friend asked doctors why Rashid was transferred at all. Is it because you didn't have an embolism coil? The answer was one word — yes.

Haque has made some decisions. With help from his parents, he brought home his baby girl. Shortly after her death, Rashid's body was taken to Bangladesh, where she was buried by her brother. Haque and his daughter moved back to Bangladesh in January.

But months after his wife's death, questions still linger. Haque still does not know what caused his wife's liver to bleed, or whether, with sooner intervention, she might have survived. For his part, he does not blame the doctors, who he feels did all they could.

He's unsure whether the hospital shoulders any blame. He only found out why the embolism coil wasn't available after being contacted by the Globe.

There are questions, too, that he says torment him, questions that seem to be echoed by others in the health care industry trying to make sense of what has occurred. He wonders whether he should have chosen a different provider.

"It's always going back to that, what could I have done differently to have a different outcome?" Haque said. He paused. "That's part of grieving."

Tell us how Steward Health Care's financial challenges have a

Tell us your connection to Steward Health Care. *

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